

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060072

1. Entity Name

F.C. ENCORE, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90056 009 \*\*\*150.00

Principal Place of Business

7119 W. BROWARD BLVD.  
% BAUMAN & KANNER, P.A.  
PLANTATION FL 33317

Mailing Address

7119 W. BROWARD BLVD.  
% BAUMAN & KANNER, P.A.  
PLANTATION FL 33317-2210

2. Principal Place of Business

5751 SW 88<sup>th</sup> Terrace

3. Mailing Address

5751 SW 88<sup>th</sup> TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Cooper City FL City & State Cooper City FL 4. FEI Number 65-0979895 Applied For ☐ Not Applicable ☒

Zip 33328 Country USA Zip 33328 Country USA 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAUMAN, DAVID M  
7119 W. BROWARD BLVD.  
% BAUMAN & KANNER, P.A.  
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name Joseph Pennino and Nancy Pennino  
Street Address (P.O. Box Number is Not Acceptable)  
5751 SW 88<sup>th</sup> Terrace  
City Cooper City FL Zip Code 33328

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Nancy Pennino JOSEPH PENNINO VICE PRES 2/22/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PENNINO, NANCY		NAME		
STREET ADDRESS	6472 NW 5TH WAY		STREET ADDRESS	5751 SW 88TH TERRACE	
CITY-ST-ZIP	FT LAUDERDALE FL 33309		CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE	SVD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PENNINO, JOSEPH		NAME		
STREET ADDRESS	6472 NW 5TH WAY		STREET ADDRESS	5751 SW 88TH TERRACE	
CITY-ST-ZIP	FT LAUDERDALE FL 33309		CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Pennino 2/22/00 252/267  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)